

L23000248523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

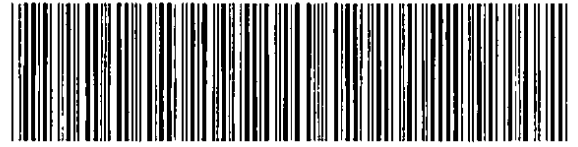
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2023 JUL 25 PM 4:27
CLERK OF COURT
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kates Farm Fresh LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathryn Reeves
Name of Person

Kates Farm Fresh LLC
Firm/Company

2705 Liberty Ave
Address

Titusville FL 32780
City/State and Zip Code

Katytheavonlady@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katy Reeves at (407) 209-9090
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

Kates Farm Fresh LLC

2023 JUL 25 PM 4:28

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/22/2023 and assigned
Florida document number L23000248523

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Normalina Martin	37 N Orange Ave	<input type="checkbox"/> Add
		Suite 500	<input checked="" type="checkbox"/> Remove
		Orlando FL 32801	<input type="checkbox"/> Change
MGR	Nadia Budree	1529 Catherine St #32	<input type="checkbox"/> Add
		Orlando FL 32801	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMGR	Katy Reeves	2705 Liberty Ave	<input checked="" type="checkbox"/> Add
		Titusville FL 32780	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP → AR	Joel Reeves	2705 Liberty Ave	<input type="checkbox"/> Add
		Titusville FL 32780	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AP → AR	Megan McBride	14234 Anastasia Ln	<input type="checkbox"/> Add
		Orlando, FL 32828	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	Normalina Martin	37 N Orange Ave	<input checked="" type="checkbox"/> Add
		Suite 500	<input type="checkbox"/> Remove
		Orlando FL 32801	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Got an EIN # for the business

The EIN# is 93-2388332

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2023 JUL 25 PM 4:28
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b),

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 14, 2023.

Kathryn Reeves

Signature of a member or authorized representative of a member

Kathryn Reeves

Typed or printed name of signee